

**Ohio Parenting and Pregnancy Program Grant**  
**APPENDIX A**  
**TECHNICAL APPLICATION**

**Instructions:** Applicants are to fully complete this application and submit it with any additional required documents to be officially deemed the applicant's submitted response. Applicants may replicate this application in order to provide necessary responses; however, no application text may be altered or the applicant may risk disqualification.

**Application Cover Page**

<b>Organization Name:</b>	Pregnancy Help Community
<b>Organization Address:</b>	169 E North St Worthington OH 43085
<b>Point of Contact:</b>	Doug Smith
<b>Telephone Number:</b>	614-371-2545
<b>Fax Number:</b>	
<b>E-mail Address:</b>	smith@bluestreakstrategies.net
<b>Federal Tax Id Number:</b>	45-5635171
<b>OAKS Vendor ID (if have one):</b>	
<b>DUNS Number:</b>	07-945-3057
<b>Director/CEO:</b>	Doug Smith
<b>Name of Signature Authority:</b>	Doug Smith
<b>Title of Signature Authority:</b>	Executive Director
<b>E-mail Address of Signature Authority:</b>	smith@bluestreakstrategies.net

## Attachment A—Section I

**REQUIRED GRANTEE INFORMATION and CERTIFICATIONS**

**Purpose:** The Ohio Department of Job and Family Services (ODJFS) requires the following information on applicants who submit proposals or applications in response to any ODJFS Requests for Grant Applications (RFGAs), in order to facilitate the development of the grant with the selected applicant. ODJFS reserves the right to reject your application if you fail to provide this information fully, accurately, and by the deadline set by ODJFS. Further, some of this information (as identified below) **must** be provided in order for ODJFS to accept and consider your application. **Failure to provide such required information will result in your application's immediate disqualification.**

**Instructions:** Provide the following information regarding the applicant organization submitting the application. Applicants may either print this attachment, complete and sign it, or may provide the required information and certifications (each fully re-stated from this attachment) on their letterhead as the opening pages of their applications. It is mandatory that the information provided is certified with an original signature (in blue ink, please) from a person with authority to represent the applicant. Applicants are to provide the completed and signed information and certifications as the cover pages of their original proposal submitted to ODJFS.

**IMPORTANT:** If the RFGA specified a maximum page limit for applicant proposals, the attachment of any required certifications, other documents, or additional pages needed to fully provide the information requested here will **NOT** be counted against that page limit.

**Applicants must provide all information**

1. ODJFS RFGA #: JFSR1415178081	2. Application Due Date: 7/24/14
3. Name: (legal name of the grantee – person or organization – to whom grant payments would be made) Pregnancy Help Community	
3a. Grantee's Ohio Administrative Knowledge System (OAKS) ID#: [Vendors may apply for an OAKS vendor ID# at: <a href="http://ohiosharedservices.ohio.gov/Vendors.aspx">http://ohiosharedservices.ohio.gov/Vendors.aspx</a> . The necessary forms to be completed and remitted to Ohio Shared Services are the Vendor Information Form (OBM-5657) and the IRS Form W-9. Completion and/or submission of these forms to Ohio Shared Services <u>does not</u> assume a vendor/applicant award of any ODJFS contract/grant.]	
4. Grantee Corporate Address: 169 E. North St Worthington, OH 43085	5. Grantee Remittance Address: (or "same" if same as Item # 4) same
6. Print or type information on the grantee representative/contact person <u>authorized to answer questions on the application</u> :  Grantee Representative NAME and TITLE: Doug Smith, Executive Director Address: 169 E. North St Worthington, OH 43085 E-Mail Address: smith@bluestreakstrategies.net Phone #: 614 371 2595 Fax #:	
7. Print or type the name of the grantee representative <u>authorized to address contractual issues, including the authority to execute a contract on behalf of the vendor, and to whom legal notices regarding contract termination or breach, should be sent</u> (if not the same individual as in #6, provide the following information on each such representative and specify their function):  Grantee Representative NAME and TITLE: Doug Smith, Executive Director Address: 169 E North St Worthington, OH 43085 E-Mail Address: Phone #: 614 371 2595 Fax #:	

8. Is this grantee an Ohio certified MBE? Yes ☐ No ☒ If yes, attach a copy of current certification to proposal/bid. (If ODJFS has specified the RFGA document as an opportunity open exclusively to Ohio Certified MBEs, then failure to attach a copy of current certification WILL RESULT IN DISQUALIFICATION.)

**9. Mandatory Grantee Certifications:**

ODJFS may not enter into agreements with/make purchases from any organizations that have been found to be ineligible for state contracts under specific federal or Ohio statutes or regulations. Organizations responding to any ODJFS RFGA opportunity MUST certify that they are NOT INELIGIBLE by signing each of the three statements below. Failure to provide proper affirming signature on any of these statements will result in the disqualification of your application.

I Sgt Lt (signature of representative shown in Item # 7, above) hereby certify and affirm that Pregnancy Help Community (name of the vendor shown in Item # 3, above), has not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by the United States Department of Labor, the United States Department of Health and Human Services, or any other federal department or agency as set forth in 29 CFR Part 98, or 45 CFR Part 76, or other applicable statutes.

AND

I Sgt Lt (signature of representative shown in Item #7, above) hereby certify and affirm that Pregnancy Help Community (name of the vendor shown in Item # 3, above), is not on the list established by the Ohio Secretary of State, pursuant to ORC Section 121.23, which identifies persons and businesses with more than one unfair labor practice contempt of court finding against them.

AND

I Sgt Lt (signature of representative shown in Item #7, above) hereby certify and affirm that Pregnancy Help Community (name of the vendor shown in Item # 3, above), either is not subject to a finding for recovery under ORC Section 9.24, or has taken appropriate remedial steps required under that statute, or otherwise qualifies under that section to enter into contracts with the State of Ohio.

**10. Equal Employment Opportunity Information on the Grantee and any Sub-grantee(s)**

A. Provide vendor employee data both nationwide (including Ohio staff), and Ohio office employees separately:

	Nationwide	Ohio Offices
Total Number of Employees:	<u>4</u>	<u>4</u>
% of those who are Women:	<u>50%</u>	<u>50%</u>
% of those who are Minorities:	<u>50%</u>	<u>50%</u>

B. If you are the selected vendor, will you subcontract any part of the work?

☐ NO -or- ☐ YES, but for less than 50% of the work -or- ☒ YES, for 50% or more of the work

If yes, provide the following information on each subcontractor (additional pages may be added as needed):

Subcontractor Name: See Attachment # 11  
Address: \_\_\_\_\_  
Work To Be Performed: \_\_\_\_\_  
(a brief description) \_\_\_\_\_

Subcontractor's Estimated Percentage of Total Project (in % of work, not % of dollars): 45%

If 50% or more of the work will be subcontracted, then ALSO provide the following information on ALL proposed sub-grantees:

	Nationwide	Ohio Offices
Total Number of Employees:	_____	_____
% of those who are Women:	_____	_____
% of those who are Minorities:	_____	_____

C. Identify all state grants which the grantee has since the beginning of the last fiscal year (i.e., since July 01, 2012) through

this fiscal year to date. Also include grants approved for ODJFS or institutions of higher education:

Total number of grants: 0

For each state grant, list the state agency and provide the following information:

State Agency/Educational Institution: \_\_\_\_\_  
Grant Dollar Amount: \_\_\_\_\_

State Agency/Educational Institution: \_\_\_\_\_  
Grant Dollar Amount: \_\_\_\_\_

State Agency/Educational Institution: \_\_\_\_\_  
Grant Dollar Amount: \_\_\_\_\_

Attach additional pages if needed

#### 11. Grantee Ethics Certification

As a grantee receiving grants from the State of Ohio, I certify on behalf of  
Pregnancy Help Community (name of vendor or grantee):

(1) I have reviewed and understand Ohio ethics and conflict of interests' laws, as found in Chapter 102. and Sections 2921.42 and 2921.43 of the Ohio Revised Code.

(2) I acknowledge that failure to comply with this certification is, by itself, grounds for termination of this contract or grant with the State of Ohio.

[Signature]  
Signature of authorized agent

7/11/14  
Date

12. I have read the ODJFS Model Grant attached to the RFGA, and if awarded a grant, I will not \_\_\_\_ (or) I will \_\_\_\_ request changes to the standard language, and have marked the requested changes and returned the model document with this proposal for consideration by ODJFS. (If so, ODJFS will review those requested changes if you are the selected grantee. All requested changes to model contract language are subject to ODJFS approval.)

13. I Doug Smith, (grantee representative in Item # 7) hereby affirm that this proposal accurately represents the capabilities and qualifications of Pregnancy Help Community (grantee's name), and I hereby affirm that the cost(s) bid to ODJFS for the performance of services and/or provision of goods covered in this application in response to this ODJFS RFGA is a firm fixed price, inclusive of all incidental as well as primary costs. (Failure to provide the proper affirming signature on this item may result in the disqualification of your proposal/bid.)

14. **Location of Business Declaration:** Vendors responding to any ODJFS RFP/RLB/RFGA (etc.) must certify that no public funds shall be spent on services provided/performed offshore by completing, signing, and returning the "Location of Business Form," which is the final section of this attachment. **FAILURE TO PROPERLY COMPLETE, SIGN AND RETURN THIS FORM, INCLUDING THE "LOCATION OF BUSINESS FORM," WILL RESULT IN DISQUALIFICATION OF THE VENDOR FROM CONSIDERATION FOR AWARD OF AN ODJFS CONTRACT.**

## Attachment A —Section II.

### Location of Business Form

Pursuant to Governor's Executive Order 2011-12K ([www.governor.ohio.gov](http://www.governor.ohio.gov)), no public funds shall be spent on services provided offshore. This form serves as a certification of compliance with this policy and required disclosures. Please answer the following questions about the project or service you are seeking to perform for or the funding for which you are applying from the Ohio Department of Job and Family Services:

1. Principal location of business of Grantee:

169 E North St  
(Address)

Worthington OH 43085  
(City, State, Zip)

Name/Principal location of business of sub-grantee(s):

Women's KinderCare Center  
(Name)

935 E Broad St Columbus OH 43205  
(Address, City, State, Zip)

Vineyard Clinic  
(Name)

15187 Palmer Rd SW Etna OH 43068  
(Address, City, State, Zip)

Open Arms Pregnancy Center

141 S. 11th St Cambridge OH 43725

2. Location where services will be performed by Grantee:

893 N High St Ste H  
(Address)

Worthington OH 43085  
(City, State, Zip)

Name/Location where services will be performed by sub-grantee(s):

Women's KinderCare Center  
(Name)

935 E Broad St Columbus OH 43205  
(Address, City, State, Zip)

Vineyard Women's Clinic  
(Name)

15187 Palmer Rd SW Etna OH 43068  
(Address, City, State, Zip)

Open Arms Pregnancy Center

141 S. 11th St Cambridge OH 43725

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Grantee:

893 N High St Ste H  
(Address)

Worthington OH 43085  
(Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by sub-grantee(s):

PHC - Backup  
(Name)

169 E North St Worthington OH 43085  
(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

4. Location where services to be performed will be changed or shifted by Grantee

893 N High St Ste H  
(Address)

Worthington OH 43085  
(Address, City, State, Zip)

Name/Location(s) where services will be changed or shifted to be performed by sub-grantee(s):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

**By signing below, I hereby certify and affirm** that I have reviewed, understand, and will abide by the Governor's Executive Order 2011-12K. I attest that no funds provided by ODJFS for this grant or any other agreement will be used to purchase services provided outside the United States or to contract with a sub-grantee(s) who will use the funds to purchase services provided outside the United States. I will promptly notify ODJFS if there is a change in the location where any of the services relating to this project will be performed. If I am signing this on behalf of a company, business, or organization, I hereby acknowledge that I have the authority to make this certification on behalf of that entity.

  
Signature

Pregnancy Help Community  
Entity Name

Doug Smith  
Printed name of individual authorized  
to sign on behalf of entity

7/15/14  
Date

168 E North St  
Address (Principal place of business)

Worthington OH 43085  
City, State, Zip